

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 10/21/2016	
NAME OF PROVIDER OR SUPPLIER  SUGAR GROVE SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168			
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R 0000  Bldg. 00	<p>This Visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint numbers IN00204116, IN00213133, and IN00210834.</p> <p>Complaint IN00204116 - Substantiated. State Residential finding is cited at R299.</p> <p>Complaint IN00213133 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00210834 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: October 20 &amp; 21, 2016.</p> <p>Facility number: 012394 Provider number: 012394 AIM number: N/A</p> <p>Census Bed Type: Residential: 115 Total: 115</p> <p>Sample: 6</p> <p>The following Residential findings were cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662</p>			R 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R 0273  Bldg. 00	<p>on October 25, 2016.</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review, the facility failed to ensure sanitary conditions of the food service environment and sanitary food storage for 2 of 2 kitchen observations. This deficient practice had the potential to affect 115 of 115 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>On 10/20/16 at 9:45 a.m., during an initial kitchen tour, the following were observed:</p> <p>A) Fully-bearded Cook #2 was at the grill cooking unpasteurized, soft-fried eggs without a beard restraint. Cook #2 indicated he cooked the eggs per the residents' requests and was not aware of the usage of pasteurized eggs nor beard restraints. Cook #1, partially bearded, but without a beard restraint, indicated the</p>		R 0273	<p>The current disclaimer:</p> <p>This plan of correction is submitted as required under either or both State and Federal Law. The submission of this plan of correction on 11/4/2016 does not constitute an admission of fault of liability to the government entity of any third party, on the part of Sugar Grove Senior Living,(CSL), as to the accuracy of the surveyors' findings of the conclusions drawn therefrom. Submission of this plan of correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the communities policies and procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 47 of the Federal Rules of Evidence and any corresponding state rules of civil procedure should be inadmissible in any proceeding on</p>		11/01/2016	

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	<p>facility did not provide beard restraints and he did not know he or Cook #2 needed to wear a beard restraint due to their facial hair.</p> <p>B) Cook #1 without a beard restraint, went into the walk-in refrigerator, retrieved a case of pasteurized eggs and told Cook #2 to only use pasteurized eggs for cooking the residents' eggs.</p> <p>C) Four trash cans, containing food and garbage, were throughout the kitchen without lids. Two trash can lids were observed tucked behind a kitchen counter.</p> <p>D) An undated bag of moldy and slimy, rotten celery was in the walk-in cooler. Cook #1 was observed throwing the bagged celery into one of the trash containers that did not have a lid.</p> <p>E) A large container, identified by Cook #2, as sausage gravy, was unlabeled and undated in the walk-in cooler.</p> <p>F) Twelve bowls of browned-lettuce salads and a pitcher of a yellow liquid were in the pass-through cooler, undated and unlabeled.</p> <p>G) A large scoop was in the brown sugar canister and another large and soiled</p>				<p>that basis and the community reserves the right to object to the admission of this statement of deficiency or the plan of correction under any other theory of law. The community submits this plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action against the community or any employee, agent, officer, director, attorney, or shareholder of the community or affiliated company.</p> <p><b>R273-</b></p> <p>1.Cook # 2 was grilling with unpasteurized eggs. Zero residents exhibited signs or symptoms of food borne illness on the morning of or days following the findings. The Food Service Director was instructed by the Executive Director to only use pasteurized eggs in the facility. This was implemented on 11/1/2016.</p> <p>2.Cook # 1 and Cook #2 were observed without beard restraints. No residents complained of issues with their food, including complaints of hair in food or drink on the morning or days following the findings. The facility will provide beard restraints to all staff with facial hair. An inservice was conducted on 11/1/2016 for the cooks. The Food Service Director or designee will be responsible for monitoring compliance. This was</p>		

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	<p>scoop was on top of the flour canister. Cook #1 retrieved the soiled scoop from the top of the canister, took the scoop to the dishwashing area, and indicated scoops were not supposed to be on or in the canisters.</p> <p>H) Two jackets, a pair of sunglasses, and a black purse were on the kitchen counter, next to a box of bananas.</p> <p>On 10/21/16 at 9:20 a.m., Cook #1 was observed entering the kitchen without a beard restraint.</p> <p>The Administrator, on 10/21/16 at 5:15 p.m., indicated for the last three weeks, the facility did not have a dietary manager, but followed and maintained the kitchen in accordance with state and local sanitation and safe food handling standards. She added, employees should only use pasteurized eggs for cooking residents' request for soft-cooked eggs, employees with facial hair should wear beard restraints, all food in the kitchen should be labeled and dated, scoops should not be stored in or on the canisters, all trash cans should have lids, and employees should not store personal items on the kitchen counter.</p> <p>The Administrator provided a policy, on 10/21/16 at 5:15 p.m., titled "Indiana</p>		<p>implemented on 11/1/2016.</p> <p>3.Four trash cans were observed without lids. The Food Services Director ordered four trash cans with lids. An inservice was conducted on 11/1/2016 with all food service personnel. The Food Service Director or designee will be responsible for monitoring compliance. This was implemented on 11/1/2016.</p> <p>4.An undated bag of rotten food was found in the cooler. No residents exhibited signs or symptoms of food borne illness on the morning of or days following the findings. The Food Service Director or designee will audit the cooler twice a week for expired food. This will be implemented on 11/1/2016.</p> <p>E &amp; F) Undated, unlabeled food in cooler.</p> <p>No residents exhibited signs or symptoms of food borne illness on the morning of or days following the findings. The Food Service Director or designee will audit the cooler twice a week for unlabeled/ undated food. An inservice was conducted on 11/01/2016 with all food service personnel discussing the labeling or dating of food. Implemented on 11/1/2016.</p> <p>G) Scoops were found in containers. No residents exhibited signs or</p>				

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	<p>State Department of Health: 410 IAC 7-21 Section 36 - Personnel Hygienic Practices," indicated, "...All persons working in direct contact with food, food-contact surfaces, and food-packaging materials shall conform to good hygienic practices while on duty. The methods for maintaining good hygiene included, but are not limited to the following: ...6. Wearing hair restraints, such as nets, hats, beard restraints, and clothing that covers body hair, which are designed and worn effectively to keep hair from contacting exposed food, clean food-contact equipment and utensils...7. Storing employees' food and personal belongings in a designated location separate from food processing, storage and packaging areas...."</p> <p>On 10/21/16 at 5:15 p.m., the Administrator provided a policy, titled "Dietary Services Operations Manual Use only as authorized by Capital Senior Living, undated but identified as current, included but was not limited to, "...Kitchen Sanitation...4. Keep garbage containers covered and reasonably clean at all times...Storage of Products...4. Wrap, cover or seal all refrigerated foods and label with the preparation date...Scoops. Use a scoop or utensil with a handle to dispense ice or food...To store</p>				<p>symptoms of food borne illness on the morning of or days following the findings. An inservice was conducted on 11/1/2016 with the kitchen personnel changing out the scoops after each meal service. The Food Services Director or designee will monitor for compliance. Implemented on 11/1/2016.</p>		

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R 0299  Bldg. 00	<p>the scoop, place it so that the handle is not in contact with the ice or food...Leftovers and Prepared Food. Store all prepared foods in a container...label the container with the type of food and the date...."</p> <p>410 IAC 16.2-5-6(c)(3) Pharmaceutical Services - Noncompliance (3) The medication review, recommendations, and notification of the physician, if necessary, shall be documented in accordance with the facility ' s policy. Based on interview and record review the facility failed to follow physicians orders for 1 of 4 residents reviewed for medication administration (Resident B.)</p> <p>Finding includes:</p> <p>Resident B's record was reviewed on 10/21/2016 at 10:20 a.m., diagnoses included, but were not limited to depression, dysphasia, and transient ischemic attack. A nurses note dated 2/4/16 indicted she was admitted on 2/4/2016. A physicians order dated 4/26/2016 was observed with an order for Donepezil 5 mg tablet, once daily at bedtime. The Medication Administration</p>		R 0299	<p><b>R299- Medication Error</b></p> <p>1.Finding of resident B medication error. Resident B did not show any negative outcomes requiring intervention from the missed doses of Donepezil. An inservice was conducted on 10/28/2016 with the nursing staff. The nursing staff is now required to do double checks with signatures on all MARs during the change-over process. The DHS or designee will audit 5 residents MARs weekly. Implemented on 10/28/2016.</p>		10/28/2016	

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	<p>Record (MAR) for April was observed to have the order for Donepezil 5 mg at bedtime signed out as administered for the dates of April 26, 27, 28, 29, 30. The MAR for May was observed with out the order for Donepezil 5 mg.</p> <p>During an interview on 10/20/2016 at 12:40 p.m., the Administrator indicated the Donepezil was provided by Resident B's family, and the nursing staff should have called the physician and received an order clarification when they noticed they had a medication and no order on the MAR. She indicated the medication was not administered for the month of May, and it should have been.</p> <p>During an interview on 10/20/2016 at 2:35 p.m., the Director of Nursing indicated the order for the Donepezil was not put on the May MAR by the pharmacy, and the nurses did not catch it when doing rewrites. She indicated Resident B did not receive her prescribed medication for the month of May.</p> <p>A current policy titled "Medication Errors," received from the Administrator on 10/21/2016 at 4:15 p.m., indicated, "Some situations also require the completion of an Incident Report form...This should be done in situations such as the following...Resident misses a</p>						

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	medication dose because it was not offered to him/her...."  This Residential State tag relates to Complaint IN00204116.						